

An Paper Read March 13

1824

W. S. H

Inaugural Dissertation

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On

Pleuritis

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of Virginia

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Pleurisy.

By Dr. Cullen, the term *Pneumonia*, is made to embrace both *Peripneumony* or *Pneumony*, which by some authors is defined to be an inflammation of the *paronchyma* of the *Lungs*; and *Pleurisy*, which has its seat in the *pleura*.

Cullen supposing them to be one disease, and only differing as respects their seat, did not think it necessary to treat of them separately.

The *Diagnosis* between them is certainly very uncertain and obscure, and as respects practical purposes, no good can result from separating them; yet, to me, it seems plausible that there should exist greater difficulty of breathing, and more oppression about the chest in *Peripneumony*, than in *Pleurisy*.

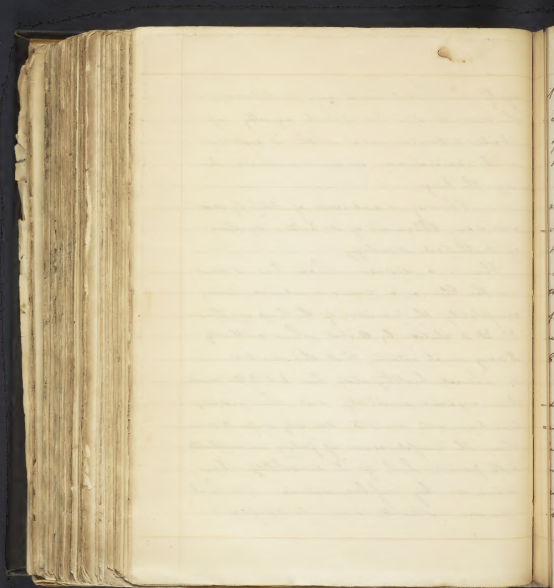
Leaving the combined subject, I shall confine

myself in what I have to say, to Pleurisy;
the treatment of which, I think equally ap-
- plicable to Peripneumonia, whether it seat be
in the parenchyma, or serous membrane lin-
- ing the lungs.

Pleurisy is a disease of Clap, Pyrexia
and even Phlegmasia of Dr Cullen's Synopsis
of Methodical Nosology.

This is a disease which has its seat
in the Pleura, a serous membrane, lining
completely the parietes of the lungs and thorax.

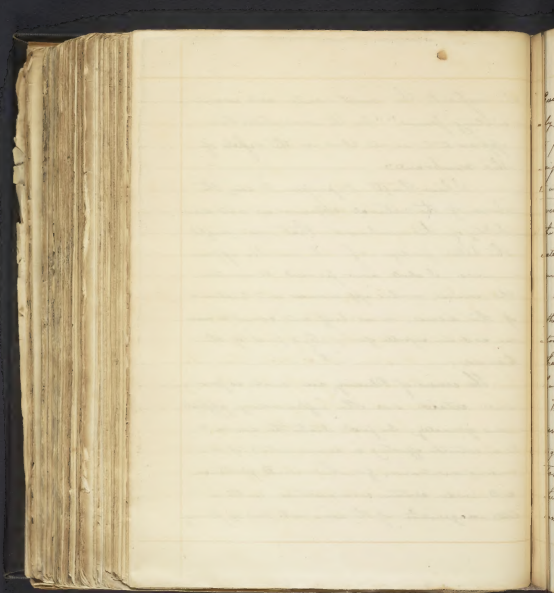
"It is stated by Richet, whose authority
I very much esteem, that this membrane in
its natural, healthy state, has but little more
than organic sensibility, and when recently
laid bare and irritated, scarcely imparts more
than the simple sense of feeling, uncombined
with pain; but if its sensibility be
raised by inflammation (which
soon spreads over its surface.)



it imparts the most acute and excruciating pain." "In its sound state, there appears to be no red blood in the vessels of this membrane."

I have thought it proper to say the above, of the natural appearance and sensibility of this membrane, that we might the better judge of its morbid appearances. I shall now proceed to mention the causes, morbid appearances, and treatment of this disease, in as brief and correct a manner as I am capable of. And first of the Causes.

The causes of Pleurisy, are such as produce catarrh and other inflammatory affections generally. In fact, I take the disease to be a catarrh affecting a serous, instead of a mucous membrane; for what would produce cold under certain circumstances, with a little exaggeration of the same would produce pleurisy.



Every thing which checks perspiration sud-
denly, and determines the fluids inwardly, is liable
to produce this disease; consequently, sudden vi-
cissitudes of weather, change of dress from thin
to warm clothing, cooling too suddenly after being
overheated, or the direct application of cold to
the surface. Playing on wind instruments and
external injuries are also enumerated among the
causes.

Symptoms. Pleurisy is more apt to attack
the robust and vigorous and those of an inflamma-
tory diathesis, consequently, more frequently, more
than women. It is more apt to attack those who
have passed the meridian of life than the young.
The disease comes on with rigors and shuddering,
an increased heat over the whole body,
together with nausea, sometimes vomiting, thirst, white
tongues, but the most prominent symptom in
this disease is an acute pain in the chest
commonly in one or the other side, being frequently

[Faint, illegible handwriting in a cursive script, likely from the 18th or 19th century. The text is written in a single column across the page.]

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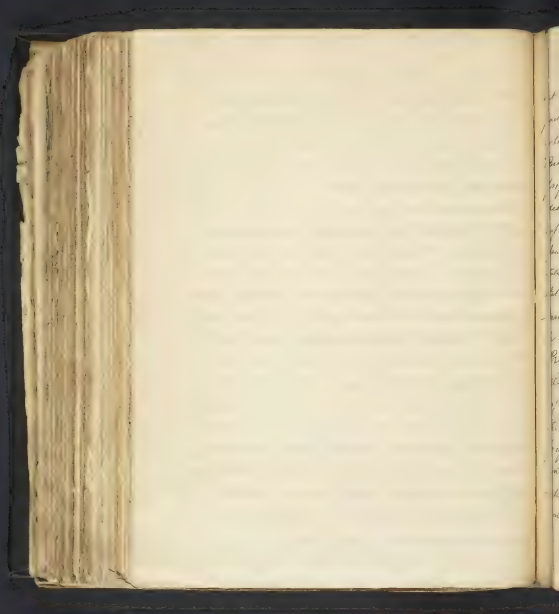
It is said by Cullen to attack the right, more frequently than the left, and in either, to seat is absent opposite the 6th rib. The capriciousness of many practitioners would give the majority of cases to the left, instead of the right.

There is considerable difficulty of breathing and the patient cannot by any means make a full inspiration without experiencing acute pains.

The pulse is hard, strong, quick, and frequent, vibrating under the tongue, there is cough, and oppression about the chest, together with an inability to lie on the affected side, and sometimes the patient prefers being propped up in bed, not being able to lie at ease in any posture.

The cough at the onset is generally dry, sometimes moist, and the sputa exhibit various appearances, as it respects color and consistence being frequently mixed with blood.

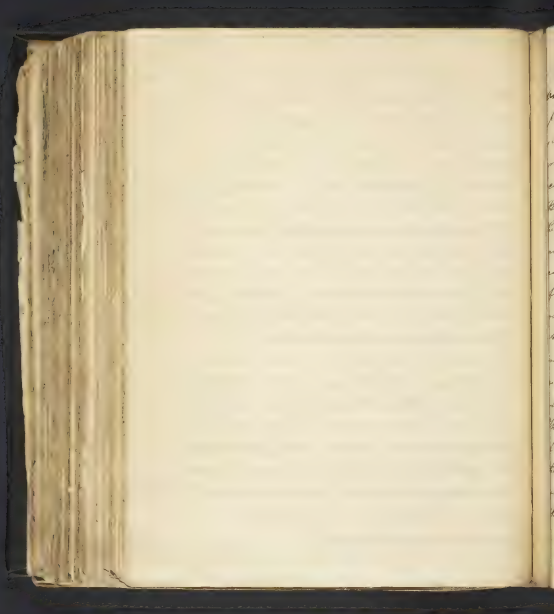
The pain sometimes shifts from side to side, and this is thought an unfavorable symptom by Cullen.



but now it is considered as favorable. I suspect it
partakes of the nature of rheumatism in cases
where the pain is unfixed and shifting.

Boerhaave states that the pain of one side is
frequently sympathetic; yet in describing bores,
and of this disease he has only, joint
inflammation in one, although there was
"pain in both sides during life." It is also
stated by some author whose name I do not recollect
that the brain sometimes takes on sympathetic inflam-
-mation, but I am rather inclined to suppose that
he was misled by cases of Paralytic.

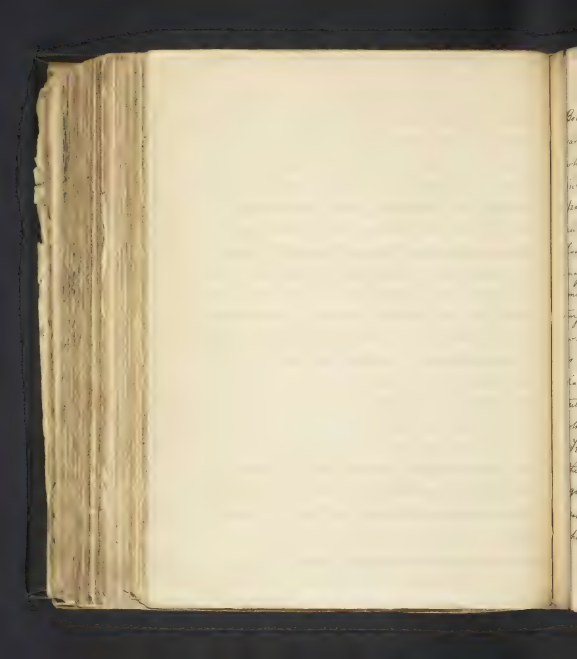
Prognosis. The prognosis in this, as well as all
other diseases must be inferred from the violence
of the symptoms. When the pain is very violent,
the fever high with delirium, the cough
frequent and dry, attended with great anxiety,
and difficulty of breathing and may, pretty appa-
-rent danger; and if the face become livid
and much swelled with a weak intermitting pulse;



As there should come on frequent rigors, with
flushing of the cheeks, tongue countenance, a frequent
cough &c. we may be assured that a suppura-
tion has taken place which will most probably
carry, if the patient is a very stout man.

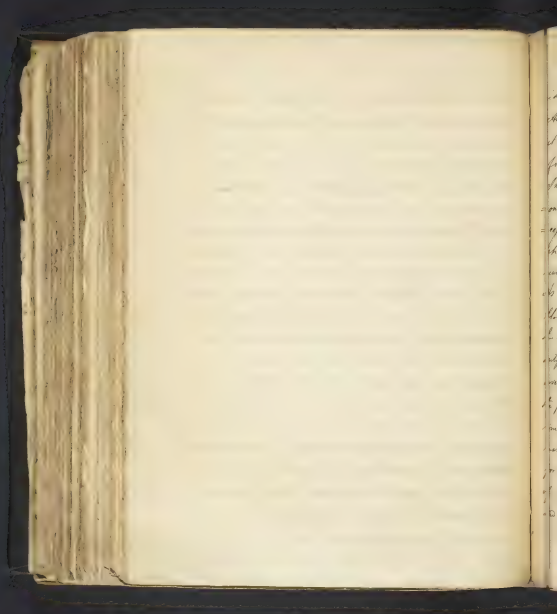
But if the constitution of the patient be good,
the pains are fewer moderate, and neither caught
nor difficulty of breathing troublesome, we may
calculate with certainty, on a speedy recovery,
for under this type the disease is a manageable
as any other to resist the economy, subject.
As it is common for some eruptions to come
on about the crisis of this disease which proves
serviceable, so, any sanguine, even to phlogistic
also should be encouraged.

The evacuation which proves most serviceable is a
free expectoration, and it is always, proper in
the latter stage of the disease to give some expectoran-
tial & demulcent medicines in order to procure
it.



Bodies who have died of this disease exhibit various morbid appearances, the most common of which are adhesions of the lung to the ribs and intercostal muscles; effusions of blood into the paravascular spaces of the lungs; serous effusions; an effusion of seropurulent matter, which has the appearance of unstrained whey, and may be considered the precursor to the serous membrane. The pleura exhibits an irregularly lacerated and inflamed appearance throughout its whole extent, and a layer of coagulable lymph is spread over the inflamed surface, which has the name of false membrane. Abscesses and tubercles are also found, together with various other morbid appearances.

Treatment. In the first stages of Pleurisy the main anchor of our hopes is the lancet, giving due consideration to the symptoms, constitutional age and habits of the patient we should continue to use it liberally, until some considerable



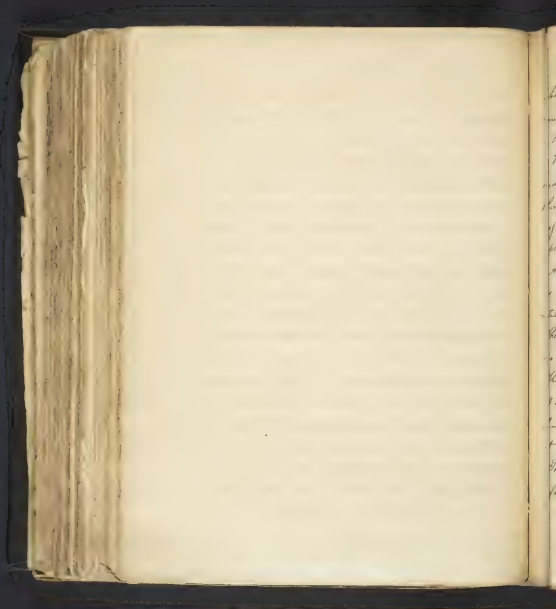
sidable abatement of pain and fever comes on.
As to the precise quantity that should be taken,
it is out of our power to say on paper;
for the symptoms must guide the practitioner.
In a severe case attacking a good constitution
— on 30th for the first bleeding, twice after he re-
ceives, and to have a good effect the blood
should come out in a hot stream, and by that
means take a large quantity in a short time.
As the disease is apt to end in effusion of
blood into the lungs or in suppuration between
the 10th and 12th day, it will be frequently our
duty in order to prevent this, to repeat the bleeding
several times; yet, the appearance of the blood, the
pulse, the pain and difficulty of breathing must
limit the quantity when we should resort to this
last, substitute leeches and cups for the lancet;
for after inflammation has existed any length
of time the minute vessels become so involved,
and being almost or quite independant of the
heart.



The lancet is not so well adapted to them as to most bleedings.

After we have taken the necessary quantity of blood, what will be shown by a warm gentle abatement of pain and power together with the heat of the luffy coat, blisters will soon be admirably to our assistance. It is surprising to see what immediate relief from pain, they afford if applied at the proper stage of Rheumatism. Warm applications will be found necessary where from objections of the patient we cannot apply blisters, and the best manner of applying them is, by having bags of heated salt, ashes, or oats applied over the pained part. About the time that suppuration has been secured for enough there generally comes on a swelling of skin and free excretions, and in order to induce or promote this, diaphoretics will be very useful. They seem to take of the remaining very edge of inflammation by diverting the Super

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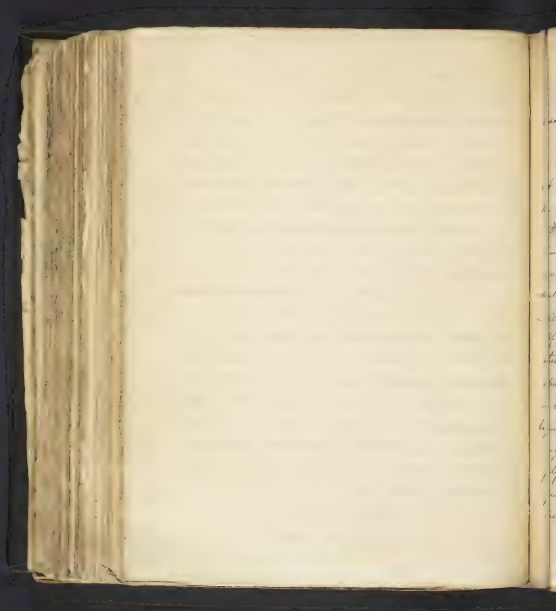
abundant topical to the general demand, and
mucous ~~tempers~~ consequently producing copious
- tation and diaphoresis.

The best of this class of remedies are those which
produce their effects without stimulating much, and
this indication is well fulfilled by a combination
of Nitre and Pot. ash or Opium; Nux. Vom. and
spt. stiches or the spt. clauderum.

A strong infusion of the Aesculapine Decoction
is said by good authority to be peculiarly ad-
- ted as a diaphoretic to this affec-
- tion.

The snake roots are also highly spoken of, and
no doubt are useful remedies in the latter stages
The Sweet Woodruff is said also to be useful, and
I am disposed to think, that after the disease
has assumed somewhat of a chronic form
it may in many cases be used with advantage.
Its saline compo, which is often accompanying the
following may be used

R. Extract. Glycyrrh. ʒi



liqua. Ford. Ferri zyg. m. ft. solut.
add. Vin. antisc. . . 3j

Thinct. 3j. XXX. m. of the
a table spoonful may be taken four or six
& ~~defies~~ confusion of the slippery sim; may
be used with much advantage as a demulcent

From the commencement of Pleurisy, the
bowels should be kept open by salts and
cenna or Alum. Precip. and mild injections,
but active purgery should be avoided as expe-
rience has shewn ^{it} to be ⁱⁿ fatal in Pleurisy.
If after the acute stage of Pleurisy is over
there should remain tightness and oppression
about the chest, with difficulty of breathing,
a combination of Opium, Calomel. and Ferri, may
be given in small doses and repeated 3 or 4 times a
day. with advantage; and if a high
plegation is perceived, it will more effectually
guard the system against the sequels of the
disease



Regiment. During the progress of Pleurisy,
the diet should consist of arrow root, sago,
tapioca or barley, &c.; carefully avoiding
animal food and spirituous liquors.

The drink may consist of lemonade, toast or
apple water taken moderately tepid.

